

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

AS FILED	AFTER		AFTER		* IND.	* DEP.	* IND.	* DEP.
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	IND.	DEP.	IND.	DEP.
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TOTAL DEP.	9							
TOTAL CLAIMS	19							

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